

PRINTED: 04/29/2010
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E232	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2010
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NAME OF PROVIDER OR SUPPLIER

BLED SOE COUNTY NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

107 WHEELERTOWN AVENUE
PIKEVILLE, TN 37367

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 052 NFPA 101 LIFE SAFETY CODE STANDARD
SS=F

A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72, 9.6.1.4

6/2/10 9:15 AM
Angie to inform
hsc mail.

This STANDARD is not met as evidenced by:
Based on observations and testing it was determined the facility failed to maintain the fire alarm system.

The findings included:

Observations and testing of the main fire alarm panel on 4/27/10, at 8:30 p.m. revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible signals at the panel. National Fire Protection Association (NFPA) 72, 1-5.4.6

This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 4/27/10.

K 130 NFPA 101 MISCELLANEOUS

SS=F

OTHER LSC DEFICIENCY NOT ON 2786

K 052

K 052

5/30/10

1.) WHAT
CORRECTIVE
ACTION WILL BE
ACCOMPLISHED
FOR THOSE
RESIDENTS FOUND
TO BE AFFECTED
BY THE DEFICIENT
PRACTICE?

Maintenance Director contacted ADT Security company on 5/11/10. ADT determined the audible trouble alarm could not be increased. However, they agreed to move the code box alarm outside the fire panel, which will result in a louder trouble alarm. This should be moved by 5/19/10. On 5/10/10 Maintenance

K 130

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Stephanie Bryant

Administrator

5-12-10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

1A

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NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observations and testing it was determined the facility failed to maintain the fire alarm system.</p> <p>The findings included:</p> <p>Observations and testing of the main fire alarm panel on 4/27/10, at 8:30 p.m. revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible signals at the panel. National Fire Protection Association (NFPA) 72, 1-5.4.6</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 4/27/10.</p>	K 052	<p>Director and Staff also tested the current system to ensure audible and visual alarms were working correctly. This test revealed the system was functioning properly.</p> <p>2) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE? All residents have the potential to be effected by this practice.</p> <p>3) WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT CHANGES</p>	
K 130 SS=F	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p>	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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LB

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K 130 SS=F	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p>	K 130			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X8) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37357		
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K 130 SS=F	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p>	K 130			

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K 130	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Penetrations and miscellaneous openings in fire barriers such as pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows: (1) The space between the penetrating item and the fire barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>Based on observations it was determined the facility failed to maintain fire barriers.</p> <p>The findings included:</p> <p>Observation of residents' room 102 on 4/27/10 at 7:15 p.m. revealed a penetration around the sprinkler. National Fire Protection Association (NFPA) 101, 8.2.3.2.4.2</p> <p>Observations of the three (3) fire walls located in the attic on 4/27/10, at 8:15 p.m. revealed penetrations in the walls. NFPA 101, 8.2.3.2.4.2</p> <p>These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 4/27/10.</p>	K 130	<p>2) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?</p> <p>All residents have the potential to be affected by this practice. Maintenance Director and staff will routinely monitor all areas of the physical plant to ensure that the overall nursing home environment is maintained.</p>		

25

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